

# Middlebury

## Information Release and Waiver Agreement

I, \_\_\_\_\_  
*Print or type name above*

hereby authorize and request Middlebury College to provide (please check all that apply):

- Information regarding my employment for reference purposes
- Earnings and income

to \_\_\_\_\_  
*Enter the name of the person or business to whom you give Middlebury College permission to release your employment information*

In consideration of your honoring my request, I agree to release from liability Middlebury College, its directors, officers, employees and agents, and all persons from, and hold it harmless against, any and all claims of whatever nature that I might have now or in the future as a result of the College providing such information.

Social Security Number or Middlebury ID: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_